SECRETARY OF STATE

State of South Dakota Candidate's or Committee's Report of Receipts and Expenditure's 2003 S.D. SEC. OF STATE

Candidates and candidate committees: File in the office where you filed your nominating petition. PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave, Pierre, SD 57501-5070

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See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee SD Medical Group Management Association PAC
Complete Mailing Address 1323 S. Minnesota Ave., Sioux Falls, SD 57105-0624 Daytime Name of Person Making Report Brad Hilscher Phone (605)336-1965
If you are a candidate, what office are you seeking N/A
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. N/A
Type of Report (See pages 4 & 5 of Guideline Book) Year-end
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) 12/31/02
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The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
Gary Reed (print name legibly), certify
that I have examined this report and to the best of my knowledge and
belief it is true, correct and complete.
Date: /-23-03 Candidate Signature or Signature of Committee Treasurer or Chairperson
Revised July 2001
Filed this 3 day of Chi Melson

out for this report you may consolitical parties and enter these the next page. Any contribution political party and all contributions amounts page, address and	mbine all contributions of \$100 e sums as unitemized contribution of more than \$100 or aggregibutions from PAC's must be ediplace of employment (if applion for itemization. This sched	Contributions a. You must keep a record of all or less from individuals and the contributions on their respective lines be egate during a calendar year from the entered as a separate item (item icable) of the contributor. Each the contributor if you not be contributed if you not be contributed if you not be contributed.	ne same from elow and on m an individual ized) giving h type of
out for this report you may consolitical parties and enter these the next page. Any contribution political party and all contribute amount, name, address and ontributor has their own sections.	mbine all contributions of \$100 e sums as unitemized contribution of more than \$100 or aggregibutions from PAC's must be ediplace of employment (if applion for itemization. This sched	or less from individuals and usions on their respective lines be gate during a calendar year from entered as a separate item (items licable) of the contributor. Each	ne same from elow and on m an individual ized) giving h type of

	ons from Individuals:	•	*\$ <u>0</u>
temized Contribution		Place of Employment	
Name	Residence Address	(Name of Employer)	
			\$
			\$
			\$
			\$
			\$
			\$
			\$

\$______\$____\$_____\$

\$_____\$

\$____ \$____

Total of Itemized Contributions from Individuals:

*\$<u></u>0_____

r the reporting period ending		
Schedule A - Di	rect Contributions (continued)
nitemized Contributions from Po	olitical Parties:	*\$ <u>0</u>
emized Contributions from Pol	itical Parties	
Party Name	Address	
		\$
		\$
otal of Itemized Contributions	from Political Parties:	*\$ <u>0</u>
emized Contributions from Pol (All contributions from PAC Name	itical Action Committees (PA PAC's must be itemized.) Address	.C's)
		\$
		\$
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Name of Candidate	or Committee BB Me	dical Group Management	Association PAC	
For the reporting	period ending 12/3	1/02		
Schedule B - Fund-Raising Events Proceeds				
List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.				
Type of Event		Net Proceeds		
	. 7		and the same of th	
			Total: \$ 0	
			TOTAL: 50	
	Schedule C - In	Kind Contribution	ıs	
Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.				
Nature of Non-Cash Contribution Estimated Value Name of Contributor				
			er en	
	医医医医征氏管医医医医管管 医医医医医		Total: \$ 0	
Schedule D - Other Income				
Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.				
Source of Income		Amount		
Bank Account Intere	est	\$1.07	i i i i i i i i i i i i i i i i i i i	
			Oregon and the same and a same a	

Total: \$1.07

Name of Cand	idate or Commit	ttee SD Medic	al Group Manage	ement Associat	ion PAC
For the repo	rting period en	nding 12/31/0	2		
	S	chedule E -	Expenditures	5	
provided for repo	to report all expenditu orting common expension committees must	es. All other exp	enses snouid de i	ign. Line items listed. All cont	have been ributions to
Item	Amount	Contribution	ons Made to	Candidates	and Committees:
Advertising					* 4
Consulting					
Postage					
Printing				. · · · · · · · ·	
Rent					
Salaries					
Telephone					
Travel					
Utilities					
Other Expens	8 es :				
					*
					100
			Total E	xpenditures:	\$ <u>0</u>

Name of Candidate or Committ	ee SD Medical Group Ma	anagement Associatóon	PAC			
For the reporting period end						
	ile F - Debts and Ob	ligations				
This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.						
Owed To	Purpose	Amount	:			
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and the state of t			- £ - 190 Å			
			* 0			
	Tot	al Obligations:	\$ U			

Name	of Candidate or Committee SD Medica	al Group Management Associat	tion PAC		
For	the reporting period ending 12/31/02				
	Summary Page				
This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.					
1.	Amount on hand, if any, at beginning	g of reporting period	\$1,908.02		
2.	Receipts				
	Schedule A - Direct Contributions	\$ <u></u>			
	Schedule B - Fund-Raising Events	\$ _0			
	Schedule C - In Kind Contributions	\$_0	4.2 ·		
	Schedule D - Other Income	\$ _1.07			
	Total of all receipts	\$ <u>1.07</u>			
3.	Total Monetary Receipts (A+B+D)		\$ <u>1.07</u>		
4.	Candidate's Personal Contribution t	o Own Campaign	\$0		
5.	Monetary Loans to Candidate or Comm	ittee During	\$ <u>0</u>		
6.	Monetary Loans Repaid During Report	ing Period	\$		
7.	Expenditures - Schedule E		\$0		
8.	Unpaid Obligations - Schedule F	\$_0			
9.	Amount on hand at the close of this		\$ 1,909.09		

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